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Cer	tificate of Mailing
Date of Deposit August 27, 2001	Label Number: <u>EL714747755US</u>
I hereby certify under 37 C.F.R. § 1.10 that this correspon "Express Mail Post Office to Addressee" with sufficient PATENT APPLICATION, Assistant Commissioner for PateGuy Beardsley	adence is being deposited with the United States Postal Service as t postage on the date indicated above and is addressed to: BOX ents, Washington, D.C. 20231.
Printed name of person mailing correspondence	Signature of person mailing correspondence



UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)		
Attorney Docket Number	50120/005001	
Applicant	Sithian Pandian et al.	
Title	METHOD OF AMPLIFICATION FOR INCREASING THE SENSITIVITY OF DETECTING NUCLEIC ACID-PROBE TARGET HYBRIDS	

## PRIORITY INFORMATION:

This application is a continuation of and claims priority from United States patent application 08/719,476, filed September 21, 1999, which is a CPA of 08/719,476, filed September 25, 1996 (now abandoned), which is a divisional application of and claims priority from 08/474,053, filed June 7, 1995 (now abandoned), which is a continuation-in-part of and claims priority from 08/275,849, filed July 15, 1994 (now issued), which claims priority from prior foreign patent application 2,126,952, filed June 28, 1994 in Canada.

## **SMALL ENTITY STATUS:**

■ Applicant claims small entity status under 37 C.F.R. § 1.27.

## **APPLICATION ELEMENTS:**

Cover sheet	1 page
Specification	32 pages
Claims	7 pages
Abstract	1 page
Drawing	2 sheets
Combined Declaration and POA, which is: ■ Unsigned;	3 pages
Sequence Statement	
Sequence Listing on Paper	
Sequence Listing on Diskette	
Small Entity Statement, which is:  □ A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	

Preliminary Amendment	
IDS	
Form PTO 1449	
Cited References	
Recordation Form Cover Sheet and Assignment	
English Translation	
Certified Copy of Priority Document	
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 29 - 20 x \$9	\$81.00
Excess Independent Claims Fee: 5 - 3 x \$40	\$80.00
Multiple Dependent Claims Fee: \$135	\$0
Total Fees:	\$516.00
<ul><li>■ Enclosed is a check for \$516.00 to cover the total fees.</li><li>■ Please apply any other charges, or any credits, to Deposit</li></ul>	Account No. 03-2095.
CORRESPONDENCE ADDRESS:	
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CUSTOMER NO: 21559	
Signature Susan M. Michaud Reg. No. 42,885	August 27, 200 1 Date

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